COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I/We hereby declare that:

My residence, post office address and citizenship are as stated near my name below.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought in the invention entitled:

CAM ARRANGEMENT AND FUEL PUMP ARRANGEMENT INCORPORATING A CAM ARRANGEMENT

which is described and claimed in the specification of which:				
(check one)	iood and claimed in the	specification of which.		
(check one)				
\boxtimes	is attached hereto.			
	was filed on	, as U	nited States Application	
Serial No, Attorney Docket No. DP-309023, and (if applicable) was amended on				
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to in this Declaration. I acknowledge my duty to disclose to the Patent and Trademark Office all information known to				
me to be mate 1.56.	rial to patentability as	defined in Title 37, Code of	Federal Regulations, Section	
I hereby claim priority benefits under Title 35, United States Code, §119(a)-(e) or 35 USC §120 of any application(s) for patent or inventor's certificate or of any PCT application(s):				
COUN (OR IN IF PCT	NDICATE	APPLICATION NUMBER	DATE OF FILING (month, day, year)	
		PCT/GB03/05554 0229487.4	December 18, 2003 December 18, 2002	

I hereby declare that all statements made above of my own knowledge are true, that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I/We hereby appoint the following attorneys and/or agent(s) with the Customer Number provide below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution, association and revocation.

CUSTOMER NUMBER 22851

ADDRESS ALL

CORRESPONDENCE TO:

ADDRESS ALL

TELEPHONE CALLS TO:

DAVID P. WOOD

DELPHI TECHNOLOGIES, INC. CUSTOMER NUMBER 22851

Legal Staff P.O. Box 5052

Mail Code: 480-410-202 Troy, MI 48007-5052 DAVID P. WOOD

Telephone: (248) 813-1202

Citizenship: GB

Citizenship: GB

Inventor's signature

. ----

Full name: 190 A

Residence:
Post office address:

ANTHONY JOHN WILLIAMS

Isleworth, Middlesex 39 Sussex Avenue

Isleworth, Middlesex TW7 6LJ

United Kindom

Inventor's signature

ANTHONY THOMAS HARCOMBE

Full name: 20° Residence:

Post office address:

Richmond, Surrey

Richmond, Surrey 1 Warren Avenue

Richmond, Surrey TW10 5DZ

United Kingdom

PCT

GENERAL POWER OF ATTORNEY

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90.5)

The undersigned person(s): (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
Delphi Technologies, Inc. Legal Staff M/C 480-410-202 Post Office Box 5052 Troy, Michigan 48007-5052 United States of America			
hereby appoint(s) the following person as: agent common representative			
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
David P. Wood Delphi Technologies, Inc. Legal Staff M/C 480-410-202 Post Office Box 5052 Troy, Michigan 48007-5052 United States of America			
to represent the undersigned before all the competent International Authorities			
the International Searching Authority only			
the International Preliminary Examining Authority only			
in connection with any and all international applications filed by the undersigned with the following Office			
United States Patent & Trademark Office as receiving Office and to make or receive payments on behalf of the undersigned.			
Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):			
Patrick M. Griffin, Assistant Secretary			
Date: 10-89-03			